In re	Ronnie Eugene Harris			
<i>a</i> 11	Debtor(s)	According to the information required to be entered on this statement		
Case Number:		(check one box as directed in Part I, III, or VI of this statement):		
	(If known)	☐ The presumption arises.		
		■ The presumption does not arise.		
		☐ The presumption is temporarily inapplicable.		

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

		Part II. CALCULATION OF M	ION	THLY INCO	MF	FOR § 707(b)(7) E	XCLUSION	
		tal/filing status. Check the box that applies a		-		-	emen	t as directed.	
2	1	Married, not filing jointly, with declaration My spouse and I are legally separated under purpose of evading the requirements of § 707	appl	icable non-bankrup	otcy	law or my spouse ar	nd I are living apart other than for the		
	с. 🗆	or Lines 3-11. Married, not filing jointly, without the declaration.					.b abo	ve. Complete b	oth Column A
		"Debtor's Income") and Column B ("Spot					10		P T: 211
		Married, filing jointly. Complete both Colugures must reflect average monthly income re							
		dar months prior to filing the bankruptcy case						Column A	Column B
	the fi	ing. If the amount of monthly income varied onth total by six, and enter the result on the a	l dur	ing the six months,				Debtor's Income	Spouse's Income
3		s wages, salary, tips, bonuses, overtime, cor					\$	4,608.42	\$
	Incor	ne from the operation of a business, profess	sion	or farm. Subtract	Lin	e b from Line a and			
		the difference in the appropriate column(s) or							
		ess, profession or farm, enter aggregate numb							
4		ter a number less than zero. Do not include b as a deduction in Part V.	any	part of the busine	ess e	expenses entered on	l I		
4	Line	o as a deduction in Fart v.		Debtor		Spouse	1		
	a.	Gross receipts	\$	0.00	\$	Брошье	1		
	b.	Ordinary and necessary business expenses	\$	0.00			1		
	c.	Business income	Su	btract Line b from l	Lin	e a	\$	0.00	\$
	Rent	and other real property income. Subtract	Line	b from Line a and	ent	er the difference in			
		propriate column(s) of Line 5. Do not enter							
_	part of the operating expenses entered on Line b as a deduction in Part V.					-			
5		Ia	Φ.	Debtor	Φ.	Spouse	4		
	a.	Gross receipts	\$	0.00	_		4		
	b. c.	Ordinary and necessary operating expenses Rent and other real property income		btract Line b from 1	<u> </u>		\$	0.00	\$
6	-	est, dividends, and royalties.	Su	otract Line o from		. a	\$	0.00	\$
7		on and retirement income.					\$	0.00	<u> </u>
	Anv	amounts paid by another person or entity,	nn a	regular basis for	the	household	-		<u> </u>
		uses of the debtor or the debtor's dependen							
8		ose. Do not include alimony or separate main							
		e if Column B is completed. Each regular pa				n only one column;	Φ.	400.00	Φ.
	_	ayment is listed in Column A, do not report the					\$	100.00	\$
		ployment compensation. Enter the amount							
	However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A								
9	or B, but instead state the amount in the space below:								
		mployment compensation claimed to					1		
		benefit under the Social Security Act Debto	r \$	0.00 Spo	ous	e \$	\$	0.00	\$
	Incor	ne from all other sources. Specify source an	d an	nount. If necessary	lis	t additional sources			
		eparate page. Do not include alimony or sep							
		e if Column B is completed, but include all							
	maintenance. Do not include any benefits received under the Social Security Act or payments								
10	received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.								
	GOIIIC	SHE CHOHSHI.		Debtor	l	Spouse	1		
	a.		\$	Deoloi	\$	Броизс	1		
	b.		\$		\$		1		
		and enter on Line 10	•				\$	0.00	\$
	11 Subtotal of Current Monthly Income for § 70			Add Lines 3 thm	10	7(b)(7) Add Lines 2 d 10 i C 1			•

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		4,708.42			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	56,501.04			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: WA b. Enter debtor's household size: 3	\$	71,379.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.					\$
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. a.					\$	
18	Current monthly income for § 70	7(b)(2). Subtract Lin	e 17 fro	om Line 16 and enter the resu	ılt.	\$
	Part V. C	ALCULATION	OF D	EDUCTIONS FROM	INCOME	
	Subpart A: De	ductions under Sta	andard	s of the Internal Revenu	ie Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older Allowance per person B2. Number of persons				\$	
20A	Local Standards: housing and uti Utilities Standards; non-mortgage of available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom years.	expenses for the appli from the clerk of the allowed as exemptio	cable co bankruj	ounty and family size. (This otcy court). The applicable fa	information is amily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count and additional dependents whom you support); enter on Line be the total debts secured by your home, as stated in Line 42; subtract Line be from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42					
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation					
	<u> </u>	Subtract Line b from Line a.	\$			
24	the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	\$ Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					

26	Other Necessary Expenses: involuntary deductions for endeductions that are required for your employment, such as r Do not include discretionary amounts, such as voluntary	\$			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total averabildcare - such as baby-sitting, day care, nursery and prescription.		\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter the	total of Lines 19 through 32.	\$		
	Note: Do not include any expen Health Insurance, Disability Insurance, and Health Savin				
34	the categories set out in lines a-c below that are reasonably dependents.				
	a. Health Insurance				
		5			
	c. Health Savings Account 5	5	\$		
	Total and enter on Line 34. If you do not actually expend this total amount, state you below: \$	r actual total average monthly expenditures in the space			
35	Continued contributions to the care of household or familiary expenses that you will continue to pay for the reasonable an ill, or disabled member of your household or member of you expenses.	d necessary care and support of an elderly, chronically	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local				
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$147.92* per child, for attendar school by your dependent children less than 18 years of age documentation of your actual expenses, and you must expenses and not already accounted for in the IRS Standards.	nce at a private or public elementary or secondary . You must provide your case trustee with plain why the amount claimed is reasonable and	\$		

 $^{^{*}}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Software Copyright (c) 1996-2012 CCH INCORPORATED - www.bestcase.com

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$		
40	Continued charitable contribution	ons. Enter the amount that you will contile organization as defined in 26 U.S.C. §		e form of cash or	\$		
41	Total Additional Expense Deduc	tions under § 707(b). Enter the total of	Lines 34 through 40		\$		
	Subpart C: Deductions for Debt Payment						
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?			
	a.		\$	□yes □no			
			Total: Add Lines		\$		
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor				\$		
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as						
		ises. If you are eligible to file a case under a by the amount in line b, and enter the re					
45	b. Current multiplier for you issued by the Executive O information is available at the bankruptcy court.)	y Chapter 13 plan payment. r district as determined under schedules ffice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of trative expense of Chapter 13 case	\$ x Total: Multiply Line	es a and b	\$		
46	Total Deductions for Debt Paym	ent. Enter the total of Lines 42 through 4	5.		\$		
		Subpart D: Total Deductions	from Income				
47	Total of all deductions allowed u	nder § 707(b)(2). Enter the total of Line	s 33, 41, and 46.		\$		
	Part VI.	DETERMINATION OF § 707(b)(2) PRESUMP	ΓΙΟΝ			
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$		
49	Enter the amount from Line 47 (Total of all deductions allowed under	§ 707(b)(2))		\$		
50	Monthly disposable income unde	er § 707(b)(2). Subtract Line 49 from Lir	ne 48 and enter the resu	ılt.	\$		
51	60-month disposable income und result.	ler § 707(b)(2). Multiply the amount in I	Line 50 by the number	60 and enter the	\$		

	Initial presumption determination. Check the applicable box and proceed as directed.						
52		☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the bostatement, and complete the verification in Part VIII. You may also complete						
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).						
53	Enter the amount of your total non-priority unsecured debt			\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the r	number 0.	25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and pro-	oceed as d	irected.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPE	ENSE CI	LAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stayou and your family and that you contend should be an additional deduction 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. each item. Total the expenses.	n from yo	ur current monthly income unde	er §			
	Expense Description		Monthly Amour	nt			
	a.	\$					
	b.	\$		_			
	d.	\$		_			
	Total: Add Lines a, b, c, and	d \$		_			
	Total. Add Lilles a, b, c, and	u j					
	Part VIII. VERIFICA	TION					
	I declare under penalty of perjury that the information provided in this state	ement is tr	ue and correct. (If this is a join	t case, both debtors			
57	must sign.) Date: July 2, 2012 Si	ignature:	/s/ Ronnie Eugene Harris				
31		G	Ronnie Eugene Harris (Debtor)				

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2012 to 06/30/2012.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Unified Grocers

Year-to-Date Income:

Total Year-to-Date Income: \$27,650.51 from check dated 6/30/2012 .

Average Monthly Income: \$4,608.42 .

Line 8 - Child support income (including foster care and disability)

Source of Income: child support

Year-to-Date Income:

Total Year-to-Date Income: \$600.00 from check dated 6/30/2012 .

Average Monthly Income: \$\frac{100.00}{100.00}.